



APPLICATION FOR TEACHING ENDORSEMENT

Part I – Applicant Information

| | | | |
|----------------------------|----------------------|---|----------|
| Last Name | First Name | M.I. | SSN |
| | | | |
| Maiden or other names used | Date of Birth | Gender | |
| | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| Street Address | City and State | | Zip code |
| | | | |
| Daytime phone number | Evening phone number | Email address (to receive application receipt) | |
| | | | |

Part II – Applicant Background Information (Must be fully completed, incomplete applications will be returned to sender unprocessed.)

| | |
|---|--|
| 1. Have you ever been charged or convicted of a felony or ANY crime involving children, dishonesty, or a controlled substance? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you ever had any type of instructor, service provider or administrator license denied, suspended, or revoked by any state? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, which State/Jurisdiction: _____, and what action was taken: <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied | |
| 3. Is any disciplinary action pending against you in any state or jurisdiction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever been dismissed from any position due to immoral or unprofessional conduct? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

*If you answered 'YES' to any of these questions, you must attach a letter of explanation and copy of the official court and/or hearing proceeding documents indicating judgment and disposition of each offense from the presiding court or judicial office or entity. Failure to submit the requested documentation shall cause your application to be denied.

Part III – Applicant Education Information

1) In which teaching area do you hold a valid D.C. Standard, Professional or Regular II license? _____

2) List the subject of the teaching endorsement(s) you are seeking with this application. A fee is required for each evaluation request.

| | |
|----|----|
| A) | B) |
|----|----|

3) Indicate below how you are seeking to add a teaching endorsement; one or both may apply:

| | |
|--|---|
| <input type="checkbox"/> I hold a degree, degree equivalent (30 semester hours), or meet DCMR requirements for the subject area, and have passed the Praxis II Pedagogy exam in the subject area (where required). | <input type="checkbox"/> I have achieved D.C.'s passing scores for the Praxis II Content Knowledge and Pedagogy exams (where required) in the subject area. |
|--|---|

Part IV – Applicant consent and affirmation

☐ By checking this box, I hereby authorize OSSE to share or obtain any information regarding this application with a previous, current, potential employer, or other licensing entity for use in this application process.

By my signature, I certify that the information listed on this form is accurate, complete and true. I understand that any finding of misrepresentation may result in the denial and/or revocation of my application and/or license/certificate.

Applicant Signature

Date

FOR OFFICE USE ONLY

| | | | |
|---------------|--------|----------------|-------------|
| Money Order # | Amount | Date received | Received by |
| | | | |
| Subject | Result | Effective Date | Evaluator |
| 1) | | | |
| 2) | | | |

Application Packet Documentation Checklist

You must submit the following to have a complete application packet:

- ☐ Fully completed application form bearing all original signature(s).
- ☐ Application processing fee of \$50.00 in the form of a money order or cashier's check for each subject area evaluation being requested. Fee(s) must be made payable to: DC Treasurer. **NO PERSONAL CHECKS OR CASH ARE ACCEPTED!!!**

Application processing fee(s) are NON-REFUNDABLE, even if the final determination of the application does not result in the issuance of a license.

- ☐ Where applicable, official transcripts or student issued transcripts sealed in a university or college envelope from institutions where a degree was earned and/or where applicable coursework has been completed verifying completion of a degree major or the equivalent of a degree major (30 semester hours) in the content area of the endorsement; and/or
- ☐ Where applicable, official ETS examinee score report verifying D.C.'s passing scores for the Praxis II Content Knowledge and Pedagogy exams in the area of the endorsement(s) requested.
- ☐ An official copy of your arrest and criminal history record that has been issued within the previous 12 months.

Please note that current employees of DC Public Schools (DCPS) and those being hired by DCPS (who have completed the fingerprinting process) may obtain clearance records from the DCPS Office of Human Resources.

Otherwise, please visit our website for instructions regarding Criminal Background Procedures for All Applicants.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER UNPROCESSED.

Return complete application packets to:
OSSE – Division of Elementary and Secondary Education
Educator Licensure and Accreditation
810 First Street, NE 5th Floor / Washington, DC 20002
Questions? Please contact: educator.licensurehelp@dc.gov

PLEASE NOTE THAT THIS OFFICE CANNOT MAKE COPIES OF ORIGINAL DOCUMENTATION SUBMITTED WITH YOUR APPLICATION. YOU MUST REQUEST ADDITIONAL TRANSCRIPTS, TEST SCORE REPORTS OR OTHER OFFICIAL DOCUMENTS FROM THE ISSUING ENTITY AND/OR MAKE COPIES PRIOR TO SUBMITTING AN APPLICATION PACKET.